

This is the first quarterly update on happenings at the International Emerging Infections Program, Thailand. We will provide information on progress in each of the four IEIP target areas. The IEIP brief is aimed at a small audience of interested supporters. If you would like to be added to the list, please let us know. Your feedback is very welcome.

The IEIP has been working on setting up essential infrastructure, beginning with the remodeling of our temporary offices. Jordan Tappero and the HIV/AIDS Collaboration have been invaluable in their support of the early days of the IEIP program. It looks like it may be a year before the new offices are renovated and ready for us to move in. For the present time, we are sharing cubicles with the staff of the HIV center while we organize the remodeling of temporary offices in the first floor of a nearby NIH building.

Surveillance

We are working to establish population-based surveillance in 3 provinces as the major focus of our initial activities. A series of meetings with the Thai NIH emerging infections program, and with the adjunct directors of HAC, have resulted in strong support for Chiang Rai as one of our three surveillance provinces. Syndromes to be captured at the district hospital level will likely include CXR-confirmed pneumonia, and possibly hospitalized diarrhea, jaundice, or meningitis/encephalitis. We plan to hold the first meeting of the surveillance steering committee in the next 2 weeks. The committee will include the directors of the Thai NIH, the Division of General Communicable Diseases at the Department of CDC, and the Director of the Division of Epidemiology in the Office of the Permanent Secretary. Your comments are most welcome as we weigh the decisions that will shape the surveillance system.

Research

The IEIP recently hosted Tami Fisk, a NFID emerging infections fellow working with Emory and the Meningitis and Special Pathogens Branch. Tami's project has broadened from a Leptospirosis study to a rather comprehensive look at potential etiologic agents among patients presenting to a district hospital with fever. Some 800 patients will be enrolled over a 1-year period. Detailed clinical information will be collected with screening laboratory testing and field dipstick tests compared with gold standard tests on sera for Lepto, scrub, murinet, and tick typhus, rodent-borne Bartonella, dengue, typhoid, melioidosis, Ehrlichia, and HIV. Testing has been arranged with laboratories at the Thai NIH, CDC Atlanta and Ft. Collins, and AFRIMS Bangkok. Field visits to the North and Northeastern regions have resulted in the selection of 4 district hospitals as the study sites. Tami will return at the end of November to launch the patient enrollment phase.

Outbreak Response

As were many of you, the IEIP was surprised by the magnitude of the anthrax scare. We have been working to respond to requests for advice, CDC materials, and testing of packages from the Thai MOPH and more recently from US embassies in other countries in the region. For testing requests, the capable and accomplished Thai NIH anthrax laboratory has responded with agility to the new challenges. Eric Mintz and the CDC outbreak center have been remarkably responsive while the anthrax expertise of Jordan Tappero has been critical to help us respond to these unanticipated requests.

Training

We are collaborating with WHO Thailand and the Thai NIH to sponsor a training workshop December 6th and 7th on anthrax testing for laboratory technicians from regional ministries of health.

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